# Notification of Application for Grant Funds/Awards, 2007-08

2 Division (except in DHHS)	Economic & Workforce Deve.					
DHHS only choose division from drop down list						
Composition of the contract of						
Contact person (name)	Barbara Boyce					
Phone number	807-7158					
E-mail	boyceb@nccommunitycolleges.edu	eges.edu				
6 Funding Entity (grantor)	NC Tobacco Trust Fund Commission	sion				
Grant title	Project Skill-Up					
Grant application deadline (MM/DD/YY)	08/01/07					
Start date of grant (MM/DD/YY)	01/01/08					
End date of grant (MM/DD/YY)	12/31/08					
pplication type	Continuation/renewal					
13 Is this grant already in agency's continuation budget?	No					
Budget code the grant will be expended in (XXXXX)	16800					
Fund code (XXXX or NA)	1500					
16 Is there a state matching requirement?	No No					
If yes, what is the matching requirement?			<u></u>			
to match grant funds.		٠	\$***			
19 Is there a maintenance of effort (MOE) requirement?	No					
If yes, what is the MOE?						
21 Is an additional General Fund appropriation required to meet the No	the No					
state match requirements						
22 Will any of these funds be passed through to local governments Yes or non-state entities?	nts Yes		<del></del>			
If yes, identify affected entities by type	local govt					
24 Will additional state monies be required to continue the program						
if grant expires or is reduced?						
25 If yes, is this a requirement of the grant?	No					
		For 2007-08	-08			
	*	Complete either Authorized or Proposed	ized or Proposed			
	SFY 2006-07	SFY 2007-08	SFY 2007-08	SFY 2008-09	SFY 2009-10	SFY 2010-11
	Actual	Authorized	Proposed	Proposed	Flobosed	Floposed
If yes, number by type for each year: Permanent Time-Limited						
28 Amount of grants funds applied for in each year	\$179,356.00		\$242,000.00			
29 Amount of grants funds awarded in each year		\$242,000.00				
	funds will allow local college site.			orth Carolinians to achieve i	•	evels. The request
	participate in activities focused o credentials.	funds will allow local college sites to develop a media toolkit to recruit targeted individuals imp participate in activities focused on skills asessment and short-term occupational skills training credentials.	to recruit targeted individual t-term occupational skills tra		acted by tobacco-related employment and to aggressively seek individuals to to upgrade their current skills and provide them with portable occupational	evels. The request ively seek individuportable occupation

Notification	Notification of Application for Grant Funds/Awards, 2008-09
Office of State	Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700.
	Instructions at http://www.osbm.state.nc.us/files/pdf_files/grants_instr.pdf
nt	Department of Agriculture and Consumer Services
except in DHHS)	Food & Drug Protection (35-09-FD)
only choose division from drop down list	

		2 Continue	DIA Fridant analyst if you have	an obtained Contact vour OS	oner anency sign-offs have he	Return completed form as email attachment and indicate in message that proper
ia Cox & Terri Overton 10-	27/08. KW Copies to Donn	35-09-FD; OSBM application notification. Total requested grant amount is \$3,120.00. Copy Sandi Cummings on 10/27/08. KW Copies to Donna Cox & Terri Overton 10-27-08	grant amount is \$3,120.00.	n notification Total requested	35-09-FD; OSBM application 27-08	31 Comments
	nais.	n the edible tissue of food animals.	Provide state assistance to FDA in reducing the number and severity of drug residues in the	FDA in reducing the number a	Provide state assistance to	30 Purpose of grant or amendment
						29 Amount of grants funds awarded in each year
			\$3,120.00		760	28 Amount of grants funds <u>applied for</u> in each year
					rio d	27 If yes, give the number by type for each year: Permanent
Proposed	Proposed	Proposed	Proposed	Authorized	Actual	
		000000000000000000000000000000000000000	Complete <u>either</u> Authorized or Proposed $\downarrow$	Complete either Auti	80-2006 ABS	
			For 2008-09	For 20		
					No	26 Are new FTEs funded through the grant?
						program if grant expires or is reduced?
					No	24 Will additional state monies be required to continue the
						7 :
					No S	the state match requirement?
						24 le an additional Connect Eurod appropriation required to most
						20 If yes, what is the MOE?
					No	19 Is there a maintenance of effort (MOE) requirement?
						18 If yes, what is the source of state funds being used to match graph funds
						1/ If yes, what is the matching requirement?
					No	16 Is there a state matching requirement?
					1100	15 Fund code (XXXX or NA)
					13700	₩.
		-			No	13 Is this grant already in agency's continuation budget?
					Continuation/renewal	≻
					09/01/08	11 End date of grant (MM/DD/YY)
					10/01/08	9 Grant application deadline (MM/DD/YY)
	<b>X</b>				Tissue Residue Contract	7 CFDA number
				ition	US Food & Drug Administration	7
				gov	Betty.Gautier@ncagr.gov	5 E-mail
					919-733-7366	
		् <del>य</del>			Betty Gautier	3 Contact person (name)
				-09-10/	room or brade trottection (55-55-10)	DHHS only choose division from drop down list
				nd Consumer Services	Department of Agriculture and Consumer Services Food & Drug Protection (35-09-FD)	1 Department
			grants_instr.pdf	Instructions at http://www.osbm.state.nc.us/files/pdf_files/grants_instr.pdf	Instructions at http://www.os	

Notification of State But Office Of	Notification of Application for Grant Funds/Awards, 2007-08 Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700	or Grant Func	Is/Awards, 20 27603-8005, 919-807-4700	07-08		
	Department of Commerce Fiscal Management		7000			
DHHS only, choose division from drop down list						
3 Contact person (name)	William Schmidt (919) 715-6712	and the second				
	bschmidt@nccommerce.com	.com				
ᆵ	NSDOL					
7 CFDA number	17.258					
	WIA Youth / Adult / Dislocated workers Combined	d workers Combined				
9 Grant application deadline (MM/DD/YY)						
Š	07/01/07					
17 End date of grant (MMUDD/YY)	06/30/10					
13 is this grant already in agency's continuation budget?	Yes					
Budget code the grant will be expended in (XXXXX)	24600					
	2680					
16 Is there a state matching requirement?	No					
to match grant fundsto match grant funds	Other					
19 Is there a maintenance of effort (MOE) requirement?	No					
ZO II yes, what is the MCE?						
21 Is an additional General Fund appropriation required to meet the state match requirement?	No					
governments	Yes					
23 If yes, identify affected entities by type	local govt	And a post of the property and an extended and an extended and an extended and an extended and and an extended				
24 Will additional state monies be required to continue the program No if grant expires or is reduced?	No					
25 If yes, is this a requirement of the grant?						
26 Are new Files funded through the grant?	No					
		Complete either Authorized or Proposed	rized or Proposed			
	SFY 2006-07 Actual	SFY 2007-08 Authorized	SFY 2007-08	SFY 2008-09	SFY 2009-10	SFY 2010-11
27 If yes, number by type for each year: Permanent			· roposso	, ioposou	- Toposca	· Opcoor
Time-Limited						
28 Amount of grants funds applied for in each year		\$35,149,812.00				
30 Purpose of grant or amendment	Workforce Investment Act fund	s this is grant modification #2	bringing a combined level of	of Mod 0-1 for program year 0	7 from \$32,916,690,00 to \$68	066,502.00 for Fiscal
	Year 07/08. The operating account for these funds is 2680. Expenditure and Revenue accounts in 3760 are as follows: 538657FY08 Expenditure 4321657FY08 Revenue Grant AA-16040-07-55-A-37	count for these funds is 2680.	Expenditure and Revenue a	copunts in 3760 are as follow	s: 5388657FY08 Expenditure	4321657FY08 Revenue
31 Comments	X ; ! !					
	Tore	ξ	(XX)		en a wat	
Return completed form as email attachment and indicate in message that proper	apency sinn-	offs have been obtained. (Contact your OSBM by	A hudget applyet if you have	Chinach are		

#### 31 Comments ..... 27 If yes, give the number by type for each year. Permanent 24 Will additional state monies be required to continue the 23 If yes, identify affected entities by type ..... 22 Will any of these funds be passed through to boal govern-21 is an additional General Fund appropriation required to meet the state match requirement?..... 19 is there a maintenance of effort (MOE) requirement?..... 20 If yes, what is the MOE?..... 18 13 is this grant already in agency's continuation budget? 14 Budget code the grant will be expended in (XXXXX)..... 11 End date of grant (MM/DD/YY).... 12 Application type ..... 8 Grant title ..... 7 CFDA number..... 6 Funding Entity (grantor) ..... 3 Contact person (name) ..... 2 Division (except in DHHS)..... program if grant expires or is reduced? ..... If yes, is this a requirement of the grant?..... ments or non-state entities? ..... Fund cade (XXXX or NA) ..... If yes, what is the source of state funds being used E-mail ..... Phone number ..... DHHS only, choose division from drop down list...... OSBM to match grant funds..... Notification of Application for Grant Funds/Awards, 2008-09 Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27803-8005, 919-807-4700. Time-Limited All signatures are provided here Workforce Investment Act funds this is brant modification #2 bringing the combined level for program from 31,750,757.00 to 70,705,532.00 for the Fiscal Year 2008-09. Grant AA-17133-08-55-A-37 local govt WIA Adult Activities - Advance, WIA Dislocated Workers - Advance State formula Joseph 24600 06/30/11 07/01/08 claimadge @ ngcommerce.com USDOL 2680 Continuation/renewal (919) 329-5256 Crystal Talmadge Division of Workforce Development Department of Commerce SFY 2007-08 SFY 2008-09 Complete gither Authorized or Proposed Authorized \$38,954,775.00 For 2008-09 SFY 2008-09 Proposed SFY 2009-10 Proposed SFY 2010-11 Proposed SFY 2011-12 Proposed

# Notification of Application for Grant Funds/Awards, 2007-08

31 Comments Grant a		29 Amount of grants funds <u>awarded</u> in each year	28 Amount of grants funds applied for in each year	27 If yes, give the number by type for each year: Permanent			Are new FTEs funded through the grant?	23 If yes, identify affected entities by type	3 5	<u>ĕ</u>	 19 Is there a maintenance of effort (MOE) requirement?	18 If yes, what is the source of state funds being used to match grant funds	16 Is there a state matching requirement?	•	Budget code the grant will be expended in (XXXXX)	:	-	9 Grant application deadline (MM/DD/YY)		7 CFDA number	Funding Entity (grantor)	` '	Phone number	DHHS only, choose division from drop down list	2 Division (except in DHHS)ADMIN	Department
Grant application deadline: July 23, 2008		\$94,312.00 \$94,312.00 Provide continued funding to the Mental Health Court in Guilford County to increase collaboration among service providers to find the best services available for participants.			Actual Auth	◀										Continuation/renewal	)9	80		GUILFORD COUNTY MENTAL HEALTH COURT	d County	Jon.J.Bellows@nccourts.org	336-412-7910		ADMINISTRATIVE OFFICE OF THE COURTS	udicial Branch
		ealth Court in Guilford Cou	\$71,027.00		Authorized Pr	er Authorized	T 20007 00													COURT	•				RTS	tomositormorgiano_nsor.
		nty to increase collaboration			Proposed F	′ ◄	-												***************************************		e de la companya de l					
		\$94,312.00 n among service providers	\$94,312.00		Proposed																					
		to find the best services			Proposed																					
	-	available for participants			Proposed																					

# Notification of Application for Grant Funds/Awards, 2007-08

Office of State B	Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700.	Jones Street, Raleigh, NC 2	7603-8005, 919-807-4700			
	Judicial Branch	state.nc.us/files/forms/grants	_instr.pdf			
Division (except in DHHS	ADMINISTRATIVE OFFICE OF THE COURTS	HE COURTS				
3 Contact person (name)	BRENDA BREWER					
	828-466-6155					-
5 E-mail	brenda.brewer@nccourts.org	org				
<u> </u>	Governor's Crime Commission					
7 CFDA number	CATAWBA PROFESSIONAL RESPONSE TO DOMESTIC VIOLENCE	SPONSE TO DOMESTIC VI	OLENCE			
9 Grant application deadline (MM/DD/YY)	01/31/08					
U	10/01/08					
11 End date of grant (WW/DD/YY)	10/31/08					
12 Application type	New					
13. Is this grant already in agency's continuation budget?	Yes					
14 Budget code (TXXXX or MA)	22007					
16 Is there a state matching requirement?	Yes					
17 If yes, what is the matching requirement?	in-kind match in the amount of \$1,296.97	296.97				
18 If you what is the source of state funds being used	Copper					
to match grant fundsto match grant funds	General Purious					
19 Is there a maintenance of effort (MOE) requirement?	No					
20 If yes, what is the MOE?						
21 Is an additional General Fund appropriation required to meet the state match requirement?	No					
22 Will any of these funds be passed through to local governments or non-state entities?	No					
23 If yes, identify affected entities by type		100000000000000000000000000000000000000				
5	Yes					
ğ						
26 Are new FTEs funded through the grant?	No					
		For 2007-08  Complete either Authorized or Proposed	- 1			
	SFY 2006-07	SFY 2007-08	SFY 2007-08	SFY 2008-09	SFY 2009-10	SFY 2010-11
	Actual	Authorized	Proposed	Proposed	Proposed	Proposed
27 If yes, give the number by type for each year: Permanent						
28 Amount of grants funds applied for in each year				\$3,890.90		
29 Amount of grants funds awarded in each year				\$3,890.90		
30 Purpose of grant or amendment	Pay the travel expenses of an ADA in District 25 to attend a national domestic violence conference	A in District 25 to attend a na	tional domestic violence co	nference		
31 Comments						
a comments						
Return completed form as email attachment and indicate in message that proper agency sign-offs have been obtained. Contact your OSBM hudget analyst if you have an	sar anancy sign-offs have been obt	sings Contact voir OSRM b	indepet analyses if you have a	i octions		

Deturn completed form as amail attachment and indicate in massage that are	31 Comments	CO - siposo o gista o sinorannon	29 Amount of grants funds <u>awarded</u> in each year	28 Amount of grants funds applied for in each year	27 If yes, give the number by type for each year: Permanent  Time-I imited				26 Are new FTEs funded through the grant?	2	24 Will additional state monies be required to continue the	23 If yes, identify affected entities by type	22 Will any of these funds be passed through to local governments or non-state entities?	the state match requirement?	21 Is an additional General Fund appropriation required to meet		20 If yes, what is the MOE?	to match grant funds	18 If yes, what is the source of state funds being used	17 If yes, what is the matching requirement?	S	15 Fund code (XXXX or NA)	14 Budget code the grant will be expended in (XXXXX)	13 Is this grant already in agency's continuation budget?	13 Application type	()	9 Grant application deadline (MM/DD/YY)	8 Grant title	7 CFDA number	6 Funding Entity (grantor)	1	4 Phone number	Ω		1 Department	1	Office of State B	
nor proper plan affer house he	All authorize signature are here:	EM159380760A37	NEG grant modification 6 re			Actual	SFY 2007-08	-	No		No	local govt	Yes		No		100	NO.			No	2680	24600	Yes	Continuation/renewal	06/30/07		NEG HCTC Gap Filler II	17.26	USDOL	ctalmadge@nccommerce.com	(919) 329-5256	Crystal Talmadge		Division of Workforce Development	Instructions at http://www.os	udget and Management, 116	) f > 5 5 110 0 f 0 5
an abtained Contact value Oc	ere:	EM159380/60A37	\$1,250,000.00			Authorized	SFY 2008-09	For 20																							rce.com				opment	Instructions at http://www.osbm.state.nc.us/files/pdf_files/grants_instr.pdf	Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700.	たいに つこうなか 口こる
DM had and analyst if you ha		and supplied to the supplied t	page the sinnlement health o			Proposed	SFY 2008-09 SFY 2008-09	For 2008-09																												grants_instr.pdf	NC 27603-8005, 919-807-47	1-1A
		ale selvices to distocated wo	are convines to distinguished wo			Proposed	SFY 2009-10		-							-					<b>1</b>													-			00 <b>8-09</b>	220 22
and the state of t		17 KG13 11 O111 4,7 30,000 10 4,00	there from 2.750 000 to 7.00			Proposed	SFY 2010-11																															
		אס, ססט ווו נטופו וטו פופווני	0 000 in total for great			Proposed	SFY 2011-12																															

Notification	Notification of Application for Grant Funds/Awards, 2008-09	08-09
Office of Sta	Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700	
	Instructions at http://www.osbm.state.nc.us/files/pdf_files/grants_instr.pdf	
partment	Department of Agriculture and Consumer Services	
vision (except in DHHS)	Food & Drug Protection (18-09-FD)	
DHHS only, choose division from drop down list		

sultural Microbiologist II) will « & Terri Overton 10/28/08	re years. One FTE (Agric KW Copies to Donna Cox	wable funding for several moi Sandi Cummings 10/28/08.	18-09-FD; OSBM application notification. This is a new one year grant with possible renewable funding for several more years. One FTE (Agricultural Microbiologist II) will be established under this grant. Total requested amount of grant is 219,000.00. Copy to Sandi Cummings 10/28/08. KW Copies to Donna Cox & Terri Overton 10/28/08 SGC.	n notification. This is a new on ant. Total requested amount o	18-09-FD; OSBM application be established under this grange.	31 Comments
□ 2 platform. Funds will be	natrices for the VIDAS SET nt of 5,376.00.	otoxins and to expand food m t cost of 13.55% in an amoun	To address gaps in existing FERN food defense for indentification of staphylococcal enterotoxins and to expand food matrices for the VIDAS SET 2 platform. Funds will be expended for salaries, fringe benefits, travel, equipment and supplies. There is an indirect cost of 13.55% in an amount of 5,376.00.	FERN food defense for indential benefits, travel, equipment an	To address gaps in existing expended for salaries, fring-	30 Purpose of grant or amendment
		\$27,232.00	\$191,768.00			28 Amount of grants funds <u>applied for</u> in each year
			1.000			27 If yes, give the number by type for each year. Permanent
SFY 2011-12 Proposed	SFY 2010-11 Proposed	SFY 2009-10 Proposed	norized or Proposed SFY 2008-09 Proposed	Complete either Authorized or Proposed SFY 2008-09 SFY 2008-0 Authorized Proposed	SFY 2007-08 Actual	
					Yes	≥
						program is grant expires or is reduced?
					No	2.4 Will additional state monies be required to continue the
					200	3 5
					Z	21 is an additional ceneral rund appropriation required to meet the state match requirement?
					N <sub>O</sub>	19 Is there a maintenance of effort (MOE) requirement? 20 If yes, what is the MOE?
						18 If yes, what is the source of state funds being used to match grant funds.
						17 If yes, what is the matching requirement?
					No	16 Is there a state matching requirement?
<i>y</i> .					13700	₫.
					No	13 Is this grant already in agency's continuation budget?
					New	>
					09/29/09	11 End date of grant (MM/DD/YY)
					07/30/08	9 Grant application deadline (MM/DD/YY)
			·			
					FSIS FERN Microbiology	7 CFDA number.
				1		
			X.	Betty.Gautier@ncagr.gov USDA, Food Safety & Inspection Service (FSIS), FERN Div	Betty.Gautier@ncagr.gov USDA, Food Safety & Inspection	5 E-mail 6 Funding Entity (grantor)
					919-733-7366	
					Betty Gautier	3 Contact person (name)
				-09-FD)	Food & Drug Protection (18-09-FD)	2 Division (except in DHHS)
				ind Consumer Services	Department of Agriculture and Consumer Services	1 Department

Return completed form as email attachment and indicate in message that proper agency sign-offs have been obtained. Contact your OSBM budget analyst if you have questions.

# Notification of Application for Grant Funds/Awards, 2008-09 Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700.

<b>-</b>	
	9-10 SFY 2010-11 ed Proposed
	\$27,232,00
of staphylococcal enterotoxins and to lies. There is an indirect cost of 13.55	To address gaps in existing FERN food defense for indentification of staphylococcal enterotoxins and to expand food matrices for the VIDAS SET 2 platform. Funds will be expended for salaries, fringe benefits, travel, equipment and supplies. There is an indirect cost of 13.55% in an amount of 5,376.00.
	USDAX, Froot Safety & Impaction Service (FSISS), FERN Drv.

Return completed form as email attachment and indicate in message that proper agency sign-offs have been obtained. Contact your OSBM budget analyst if you have questions,

Return completed form as email attachment and indicate in message that proper agency sign-offs have been obtained. Contact your OSBM budget analyst if you have questions.	31 Comments	30 Purpose of grant or amendment	29 Amount of grants funds <u>awarded</u> in each year	Associate of associate front associated for in each year	27 If yes, give the number by type for each year: Permanent			25 If yes, is this a requirement of the grant?	24 Will additional state monies be required to continue the program if grant expires or is reduced?	23 If yes, identify affected entities by type	22 Will any of these funds be passed through to local governments or non-state entities?	21 Is an additional General Fund appropriation required to meet the state match requirement?	19 Is there a maintenance of effort (MOE) requirement? 20 If yes, what is the MOE?	18 If yes, what is the source of state funds being used to match grant funds.	17 If yes, what is the matching requirement?	16 Is there a state matching requirement?	00	13 Is this grant already in agency's continuation budget?	≥	10 Start date of grant (MM/DD/YY)	9 Grant application deadline (MW/DD/YY)		7 CFDA number.	6 Funding Entity (grantor)	4 Phone number	Ō.	2 Division (except in Division from drop down list		Notification of State B
per agency sign-offs have be	35-09-FD; OSBM application total number of samples US Terri Overton 10-27-08 AW	Provide financial assistance animals.		) be		SFY 2007-08 Actual		No	No		No	No	No			No	13700	No	Continuation/renewal	08/31/08	10/01/08	Tissue Residue Contract for Feed		US Food & Drug Administration	Betty Gautier@ncagr o	Betty Gautier		Department of Agriculture and Consumer Services Food & Drug Protection (35-09-FD)	of Application dget and Management, 116 v instructions at http://www.osb
en obtained. Contact your OS	35-09-FD; OSBM application notification. A total of \$9360 is obligated under contract num total number of samples USDA sends to NCDA&CS to process. The minimum of \$3120.15 Terri Overton 10-27-08 AWARD NOTIFICATION to Cox. Overton & Whitaker 10/28/08. So	Provide financial assistance to USDA in reducing the number and severity of drug residues animals.	\$9,360.00			SFY 2008-09 Authorized																or Feed		on	OV			d Consumer Services	Notification of Application for Grant Funds/Awards, 2008-09 Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700. Instructions at http://www.osbm.state.nc.us/files/grants_instr.pdf
BM budget analyst if you ha	i0 is obligated under contrac ocess. The minimum of \$311 Overton & Whitaker 10/28/0	ber and severity of drug resi				SFY 2008-09 Proposed	er Authorized or Proposed																						<b>ds/Awards, 2(</b> IC 27603-8005, 919-807-470 rants_instr.pdf
ive questions.	t number HHSF2232008400 20.15 is guaranteed. Copy \$ 98. SG	idues found in food animals.				SFY 2009-10 Proposed													- V										008-09 
	101. The actual amount reinstandi Cummings on 10/27/08	Funds will be used for samp				SFY 2010-11 Proposed																							
	\$9360 is obligated under contract number HHSF2232008400101. The actual amount reimbursed will depend upon the to process. The minimum of \$3120.15 is guaranteed. Copy Sandi Cummings on 10/27/08. KW Copies to Donna Cox & Cox. Overton & Whitaker 10/28/08. SG	found in food animals. Funds will be used for sampling tissue in edible foods for				SFY 2011-12 Proposed			-																				

# Notification of Application for Grant Funds/Awards, 2008-09

		Amount of grants funds applied for in each year	SFY 2007-08  27 If yes, give the number by type for each year: Permanent	26 Are new FTEs funded through the grant?No	24 Will additional state monies be required to continue the program if grant expires or is reduced?	3 7	21 Is an additional General Fund appropriation required to meet the state match requirement?	20 If yes, what is the MOE?	S	18 If yes, what is the source of state funds being used	If yes, what is the matching requirement?	16 Is there a state matching requirement?	Budget code the grant will be expended in (XXXXX)	13 Is this grant already in agency's continuation budget?	•	Start date of grant (MM/DD/YY)	9 Grant application deadline ( <i>MM/DD/YY</i> )	8 Grant title Tissue Residue	CEDArimher	6 Funding Entity (grantor) US Food & Drug	Phone number	3 Contact person (name)	DHHS only, choose division from drop down list		OSEN Office of State	Office of State
	al assistance to USDA in reducing t		<del></del>											ewai				Tissue Residue Contract for Feed - REVISED	Administration	Betty.Gautler@ncagr.gov US Food & Drug Administration			Food & Urug Protection (35-09-FD) REVISED	Department of Agriculture and Consumer Services	udget and Management, 116 West Jones Street, Raleigh, NC 27603-8005 Instructions at http://www.osbm.state.nc.us/files/pdf_files/grants_instr.pdf	
	Provide finiancial assistance to USDA in reducing the number and severity of drug residues in the edible tissue of food animals.	\$9,360.00	Complete either Authorized or Proposed  SFY 2008-09 SFY 2008-09  Authorized Proposed	For 2008-09																				S	Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700. Instructions at http://www.osbm.state.nc.us/files/pdf_files/grants_instr.pdf	
	idues in the edible tissue of		SFY 2009-10 Proposed																	<u> </u>			ļ		700.	
	ood animals.		SFY 2010-11 Proposed																							
and Cumpines on 10/27/08. KM. Copies to Doppe Cov. 8 Tool Overdon 10 07 Op			SFY 2011-12 Proposed																							